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August 19, 2008

To: Supervisor Yvonne B. Burke, Chair
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From: William T Fujioka
Chief Executive Officer

REPORT ON MENTAL HEALTH SERVICES ACT FUNDING OPPORTUNITIES AND TRANSFORMATION EFFORTS

On February 12, 2008, your Board directed the Chief Executive Officer (CEO) and Director of Mental Health to: 1) assist community agencies in transforming their programs to utilize Mental Health Services Act (MHSA) funding to mitigate the impact of the 2007-08 budget deficit on services to clients; 2) work with stakeholders to advocate with the State to allow for maximum flexibility in the use of MHSA funding to mitigate impact to current and potential future services; and 3) pursue such actions, including advocating to the State to give counties flexibility to place one-time funds generated from future potential one-time MHSA allocations and/or potential MHSA savings, into the County MHSA special fund to be used for future contingencies including maintaining services outside of the MHSA plan.

In addition, your Board directed the CEO and Directors of Mental Health, Children and Family Services, and Public Health to report back, on a quarterly basis, to: 1) identify MHSA funding to maximize services to address the mental health needs of foster children; 2) identify specific new mental health screening, assessment and treatment services that MHSA could fund; and, 3) develop a clearly defined interdepartmental strategy by which MHSA funds will support improved outcomes in prevention, reunification and permanency for foster youth.

This is to report on the Department of Mental Health's (DMH) efforts in assisting community agencies in transforming their programs to utilize MHSA funding and working with stakeholders to advocate with the State to obtain maximum flexibility in the use of MHSA funding. This also provides the first of our quarterly reports on MHSA funding opportunities to maximize mental health services to foster children.

TRANSFORMATION OF MENTAL HEALTH PROGRAMS

Mitigation of Budget Deficit

DMH held a series of informational sessions and individual meetings with contract providers to offer the opportunity to transform services to approved MHSA Community Services and Supports (CSS) programs in order to mitigate curtailments related to the 2007-08 budget deficit. To date, 57 contractors have chosen to take advantage of this opportunity, which not only addressed the 2007-08 curtailment, but also mitigated curtailments for 2008-09. Your Board authorized several contract amendments for the noted contractors to authorize the transformation of services.

As a result of these efforts, DMH successfully enhanced community-based MHSA programs. Highlights include:

- Field Capable Clinical Services (FCCS), initially implemented only for older adults, are now being offered to clients of all age groups. Through the transformation, ten children's agencies, ten Transition Age Youth (TAY) agencies, and 17 adult agencies now have or are in the process of developing FCCS services. Three additional FCCS programs are being implemented for older adults.

- Full Service Partnership (FSP) programs were expanded with seven children's providers, four TAY providers, five adult providers and two older adult providers electing to serve additional high-need clients.

- Twelve agencies elected to develop Wellness Centers.

- Three providers chose to offer MHSA-funded outreach and engagement services to special hard-to-reach individuals.

Advocacy Efforts

DMH has worked extensively with other California counties and stakeholders to encourage the State to provide counties with the flexibility to use any potential new MHSA funding to support system-wide efforts to transform mental health services, particularly as budgetary constraints in the traditional mental health services programs threaten to eliminate mental health services to vulnerable populations, including the uninsured and underinsured.

MHSA FUNDING - FOSTER CHILDREN

Maximizing Services

As to efforts on behalf of foster children, DMH is developing two options for enhancing and maximizing the care for this population under the CSS plan. First, in its spending plan for 2008-09 MHSA CSS growth dollars, DMH has identified and included in the 2008-09 final changes budget process an additional $3.3 million to support expanded services to foster youth. This funding is being used to expand FSP slots for children and TAY currently in foster care. Funds will be used to draw down Early and Periodic Screening, Diagnosis and Treatment Medi-Cal funds for additional intensive evidence-based mental health services. This will allow DMH to serve an additional 525 children and 223 TAY in foster care.

Second, as referenced above, DMH supported providers who elected to add FCCS for children and TAY as part of their transformation plans. FCCS involves the delivery of services outside of traditional mental health settings, including in locations such as clients' homes, foster homes, schools and other locations where children, TAY and their families may gather. While FCCS will be offered to a wide range of children and youth who may benefit from this level of care, it does not provide intensive in-home services. FCCS may, however, be considered an appropriate option for foster children whose level of mental health need does not necessitate FSP or wraparound-type services.

New MHSA Funded Services and Interdepartmental Strategy

The Prevention and Early Intervention (PEI) component of MHSA will present additional opportunities to address the needs of youth in the foster care system or those who are at risk of entering foster care. State guidelines regarding PEI include the following elements, which support the use of funding to address the foster care population:

- Inclusion of "Children and Youth in Stressed Families" as a priority population;
- Requirement that a minimum of 51 percent of PEI funding be dedicated to children and youth, ages 0 to 25;
- Health and Social services (including child and family welfare services and child protective services) as required PEI planning sectors; and
- Leveraging as a principle for PEI programs.

Recently, Los Angeles County stakeholders endorsed dedicating 65 percent of local PEI funding to those 0 to 25, recognizing the importance of providing services to this age group.

PEI planning is actively underway in the County. DMH included representatives from the Department of Children and Family Services (DCFS) and the Department of Public Health (DPH) in the exploration of interdepartmental approaches that will meet PEI requirements, enable interdepartmental collaboration, and maximize prevention and early intervention services for youth 0 to 25, including those in foster care. A workgroup has developed a draft concept paper regarding delivery of services to children who are 0 to 5, one of the most underserved populations in Los Angeles County. During the fall and winter, community forums that build on key informant interviews and focus groups, will take place in each Service Planning Area. These forums will identify local priorities and needs, thereby setting the direction for the PEI plan, which will be developed toward the end of 2008-09.

Dependent Youth Substance Abuse Treatment Protocol – this is a collaborative pilot project of the Los Angeles County Dependency Court, DCFS, and DPH's Alcohol and Drug Programs Administration. This project identifies dependent youth who may have substance abuse and mental health issues and provides a systematic process for screening, assessment, and treatment services from 13 outpatient and four residential programs. The goal of the project is to achieve the well-being of dependent youth who have substance abuse and mental health issues and to reduce their chances of coming into contact with the juvenile justice system.

Nurse-Family Partnership – Los Angeles – this program will add a validated mental health assessment process, and expand the reach of Nurse-Family Partnership (NFP) by helping communities build their networks of care for families with newborns/children. NFP-LA program could consider building a partnership with DCFS, DMH and local community providers to track collaborative activities for improved medical and mental health outcomes for first time pregnant, young women who are living in poverty, which are among the most vulnerable pregnancies in Los Angeles County.

The next quarterly report will be provided to your Board by November 11, 2008. If you have any questions, please contact me or your staff may contact David Seidenfeld at (213) 974-1457, or at dseidenfeld@ceo.lacounty.gov.

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MLM:DS:yb

c: Executive Officer, Board of Supervisors
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